

10TH April 2020

All Staff

VERIFICATION OF DEATH DURING COVID-19 PANDEMIC

Background

We recognise that face-to-face death verification is best practice, although not required by law, and that clinicians have an important pastoral role at the time of a patient's death. We also know that this forms part of our contract in Powys and Shropshire; this document describes how we will discharge this contractual obligation during this crisis and may form the model going forward once the crisis is over.

Furthermore we recognise that remote verification may feel uncomfortable for some clinicians, but these are unprecedented times requiring different behaviour. In writing these guidelines we have consulted with the National Association of Funeral Directors (NAFD), their members locally and non-members.

Face to face verification of death presents a risk to family and carers as well as clinicians during the current COVID-19 pandemic as well as removing a front line clinician from caring for the living.

In the current climate you should avoid face to face verification in *all but exceptional cases* e.g. where we can provide pastoral support to a particularly distressed family *and time allows*, or repatriate a sorely needed syringe driver more quickly, or if the caller, by virtue of sensory impairment or cognitive impairment (dementia of learning disability), is unable to provide the information described later in this document.

IMPORTANT: the presence of a syringe driver is not in itself a reason for sending a clinician to verify in person. Undertakers can remove the deceased with syringe driver in place and arrangements made the next working day for these to be collected.

We will not be providing a face-to-face verification service *at all* for Nursing Homes, Care Homes and Community Hospitals in Shropshire or Powys. This MUST be done remotely in conjunction with staff at those locations who should already have undertaken verification training. If they have not undertaken this training, this is not a barrier to remote verification; it is still possible to walk them through the process on the phone by the deceased' bedside, after 2 hours since death has passed if necessary (see later).

Process for verification of deaths without face-to-face contact

Step 1. Clinician selects case from triage list. Due to length of process described and the need for sensitivity and continuity of care please do not select these cases towards the end of your shift.

Step 2. Ascertain whether death is expected before speaking to the caller. Check EMIS and any special patient notes as well as previous encounters on AdastrA. Consider whether the death is:

a) Expected

b) Unexpected but not surprising (frail, co-morbidity etc)

c) Unexpected and surprising. Ask yourself whether this patient may need referring by their own GP for Coroner investigation? If this is the case you can still verify but the undertakers cannot take the body out of the district.

d) Unexpected, surprising and suspicious. Call the Police.

Step 3. In all cases, determine from caller history or medical records if it is likely that the deceased had COVID-19 based on:

- a) New persistent cough or temperature in the last 14 days
- b) Positive swab result
- c) Recent consultation for COVID related symptoms

This is really important because the family will have to let the undertakers know so they can take appropriate precautions too.

Step 4. The purpose of our assessment is to verify that death has occurred. This is better achieved after a period of time has passed when hypostasis and rigor mortis are then usually present. We have chosen 2-hours. The call:

- a) Ask caller when the patient died, express your condolences as appropriate.
 - b) If this is less than two hours ago then kindly and compassionately explain that due to the current COVID19 crisis we are not undertaking face-to-face verification but doing this over the phone. It is therefore best to leave the process for 2-hours during which time the family may wish to:
 - i. Phone relatives
 - ii. 'Put the kettle on'
 - iii. Access a, "What to do After a Death" leaflet available online (<https://www.gov.uk/when-someone-dies>)
 - iv. If the caller is able they may wish to put a pillow or rolled up towel under the jaw to close the mouth, and close the eyes if open by gently pressing the eyelids closed for 30 seconds. They may also wish to lie the limbs straight if this is possible.
- IMPORTANT: Additionally the NAFD recommend you should advise the family to close windows and doors and ensure that the whole body is covered or wrapped in a sheet securely during the waiting period (this is to protect the body from ingress by flies – it goes without saying that the reasoning behind this advice is probably best not discussed with the bereaved relatives.)
- v. Lock the case and call back yourself. If this is not possible then hand the case over in person to a colleague explaining the circumstances of the death.
 - vi. The call back - confirm that there have been no signs of life since the last call. Ask the caller about: responsiveness and whether there has been any respiratory effort. If there is a syringe driver in place then talk the caller through the process of switching it off (Appendix A).
 - vii. Document in your notes that verification has been done remotely because of COVID-19, that the patient has displayed no signs of life in the last two hours and how the caller describes their appearance.

viii. Tell the caller that they can now contact their preferred funeral directors, who will ordinarily attend within the hour unless they are particularly busy at this time.

If you have any questions about this new process then please contact Dr Simon Chapple at simon.chapple@shropdoc.nhs.uk.



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Appendix A.

Instructions for turning off the McKinley T34 Syringe Driver



1. Ask the relatives or carer to press and hold the blue 'info' button on the bottom left of the device until the bar on the screen rolls across to say 'unlocked' (and beeps).
2. Press the red 'stop' button.
3. Press and hold the 'on/off' button until the bar scrolls across the screen and the machine turns off with a 'beep'.